| For Office Use Only | | | |
|---------------------|-------------|---------|-----------------------|
| Received: | CK-CC-CH #: | Amount: | Invoice #: |
| Paid On: | Initial: | Permit: | Juris: COA / TC / ILA |



AUSTIN PUBLIC HEALTH ENVIRONMENTAL HEALTH SERVICES DIVISION P.O. BOX 142529 Austin, TX 78714



Phone (512) 978-0300 Email: ehsd.service@austintexas.gov http://www.austintexas.gov/department/food-establishment-requirements

Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (Not a Mailing Address)

Pre-Opening Inspection Application Type: Food Enterprises

| stablishment Information | on Note: I | ncomplete appli | cations <u>will not</u> be processe | ed and will be returne | ed | |
|---------------------------|---------------------------------------|---|---|------------------------|-------------------|--|
| Establishment Name: | | | | | | |
| Physical Address: | | | | | | |
| Stre | eet (include Suite/Unit) | | City | State | Zip Code | |
| Establishment Type: | ☐ Retail Food ☐ Foo | d Product | Opening Date: _ | Projected Opening | | |
| Has the Business Enti | ty/Owner changed? | □ Yes | □ No | Projected Opening | Date | |
| Construction: | □ New Construction or | Remodel of a Pe | ermitted Food Establishmen | t □ No Constructi | on Completed | |
| Building Permit: For Ne | ew or Remodel Construction Only | Water Provider | Potable Water Provider | stewater: | Disposal Provider | |
| Food Types: | ypes of food to be served and atta | ach a menu along wit | h this application. | | | |
| ontact Information | Print full legal names a | s they would ap | pear on a Government Issue | ed Photo ID(s) | | |
| On Site Contact: | Phone: | | | | | |
| Cor | ntact for Inspections (Last Name, | First Name) | | (###) ### - #### | | |
| Email Address: | | | | | | |
| <u>Em</u> | nail addresses will not be distribute | <u>∍d. (Internal use only</u> | <u>')</u> | | | |
| ee Information: | Note: Refund requests w | <u>ill not</u> be honor | ed after 180 days from date | of payment | | |
| Inspection Type Requested | | City of Austin (Contracted Municipalities*) | | ies*) Travis Coun | ty | |
| Pre-Opening Inspection | | \$178.00 (| \$178.00 (Per Inspection) | | ired | |
| After Hours Inspection | | \$173.00 (| \$173.00 (Additional Fee, Per Inspection) | | No Fee Required | |
| * No | t limited to Bee Cave, Lakeway | , Manor, Pflugerville | e, Rollingwood, Sunset Valley, Vo | lente, Westlake Hills | | |
| | DO | NOT MAIL C | ASH PAYMENTS | | | |
| | | | | | | |

Payment Forms Accepted:

City of Austin and ILA Jurisdiction: Cash, Check, Money Order, Visa, MasterCard, Discover, AMEX Unincorporated Travis County Jurisdiction: Cash, Check, Money Order

Make checks and money orders payable to: Austin Public Health

Payment must accompany applications submitted by mail (Environmental Health Services Division, PO BOX 142529, Austin, TX 78714) or in person at the walk-in location (1520 Rutherford LN). For customers submitting via email (ehsd.service@austintexas.gov), payment instructions will be emailed to you to make credit card payment over the phone for City of Austin and ILA jurisdictions.

Applicant's Signature Print Name Date

I acknowledge that all information supplied above is true and correct to the best of my knowledge and belief. I further acknowledge that the service, for which I am applying, is subject to all provisions of the orders and ordinances of Austin & Travis County, and all of the provisions of the codes, statutes and rules adopted under the codes and statutes of the State of Texas governing food establishments.